BEST AVAILABLE COPY

PATENT APPLICATION FEE DETERMINATION RECORD Effective October 1, 2000									09851727					
CLAIMS AS FILED - PART I (Column 1) (Column 2)								MALL E	NTITY	OR	OTHER SMALL			
TOTAL CLAIMS			21	24				RATE	FEE		RATE	FEE		
FOR			NUMBER	NUMBER FILED		NUMBER EXTRA		ASIC FEE	355.00	OR	BASIC FEE	· 710.00		
TC	TAL CHARGEA	BLE CLAIM	s 24 min	24 minus 20=		· 4		X\$ 9=		OR	X\$18=	47.5		
INDEPENDENT CLAIMS			4 m	H minus 3 =		• /		X40=			X80=	72.8		
ML	ILTIPLE DEPEN	DENT CLAI	M PRESENT	RESENT				740=		ÖR		80 · ex		
* If the difference in column 1 is less than zero, enter "0" in column 2								+135=		OR	+270=			
								TOTAL		OR	TOTAL	862.0		
CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)									ENTITY	OR	OTHER SMALL			
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR		PRESENT EXTRA	RATE		ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE		
	Total	٠ ٤ ٧	Minus	Z	4	=		X\$ 9=		OR	X\$18=			
	Independent	. 4	Minus	•••	4			X40=		OR	X80=			
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+135=			+270=			
								TOTAL		OR	TOTAL			
	(Column 1) (Column 2) (Column 3)								ADDIT. FEE OR ADDIT. FEE					
AMENDMENT B		CLAIMS REMAININ AFTER AMENDME	G	HIGH NUM PREVIO PAID	IEST BER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE		
	Total	•	Minus	**		=	ſ	X\$ 9=		OR	X\$18=			
	Independent	•	Minus	***		= '	F	X40=		OR	X80=			
	FIRST PRESENTATION OF MULTIPLE DEPENDENT							.405			070			
							L	+135= TOTAL		OR	+270= TOTAL			
				0.			AE	DIT. FEE		OR	ADDIT. FEE			
		(Column CLAIMS		(Colum	EST	(Column 3)	_		4051	1				
AMENDMENT C		REMAININ AFTER AMENDMEI		NUM PREVIO PAID	DUSLY	PRESENT EXTRA	L	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE		
	Total	•	Minus	••		=		X\$ 9=		OR	X\$18=			
	Independent	•	Minus	***	.,	=	F	X40= :			X80=			
	FIRST PRESE	NTATION OF	MULTIPLE DE	PENDENT	CLAIM		-			OR				
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.														
**	If the "Highest Nur If the "Highest Nu	nber Previous mber Previous	ly Paid For IN THI ly Paid For IN TH Paid For (Total o	IS SPACE I	s less that is less tha	n 20, enter "20." n 3, enter "3."	~	TOTAL DIT. FEE in the ap	copriate box		TOTAL ADDIT, FEE umn 1.			

plication or Docket Number